

AMENDED IN ASSEMBLY JUNE 21, 2006

AMENDED IN SENATE MAY 17, 2006

AMENDED IN SENATE MAY 4, 2006

**SENATE BILL**

**No. 1405**

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**Introduced by Senator Soto**  
(Coauthor: Assembly Member Yee)

February 22, 2006

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An act to add ~~Section 14122.5 to~~ *and repeal Section 14122.5 of the Welfare and Institutions Code, relating to health care.*

LEGISLATIVE COUNSEL'S DIGEST

SB 1405, as amended, Soto. Medi-Cal: Healthy Families: interpreter services.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions.

Existing law establishes the Healthy Families Program, administered by the Managed Risk Medical Insurance Board, to arrange for the provision of health, dental, and vision services to eligible children pursuant to a federal program entitled the State Children's Health Insurance Program.

This bill would make certain findings regarding the portion of the California population that is limited English proficient (LEP). The bill would require the department to establish the Task Force on Reimbursement for Language Services to ~~develop and adopt a mechanism for seeking federal matching funds to pay for language~~

~~assistance services, including oral interpretation services and translation of written materials, take specified actions relating to the provision of language assistance services~~ for the population that is LEP and that is enrolled in the Medi-Cal program or the Healthy Families Program. *The bill would require the department to appoint the members of the task force based upon certain requirements.* It would require the task force to report its recommendations to the Legislature no later than July 1, 2009, and would require that all costs associated with the task force be paid with private funds.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. The Legislature finds and declares all the  
2 following:

3 (a) By the year 2040, two out of every three Californians will  
4 be people of color.

5 (b) Over 200 languages are spoken in California.

6 (c) Latinos represent one-third of California's population, and  
7 over one-half of California Latinos speak a language other than  
8 English at home.

9 (d) It is estimated that one in five Californians (six to seven  
10 million people) are limited English proficient (LEP), speaking  
11 English less than "very well." In the Counties of Imperial, Los  
12 Angeles, and Monterey, and the City and County of San  
13 Francisco, between one-quarter and one-third of the population is  
14 LEP.

15 (e) Almost 50 percent of Medi-Cal managed care and Healthy  
16 Families Program members primarily speak a language other  
17 than English.

18 (f) California's Medi-Cal and Healthy Families managed care  
19 contracts require health maintenance organizations to provide  
20 medical interpreter services to all of their LEP members.

21 (g) It is estimated that there are fewer than 500 professional  
22 health care interpreters in California and, of these, only a fraction  
23 have been formally trained in health care interpreting and work  
24 full time as health care interpreters.

25 SEC. 2. Section 14122.5 is added to the Welfare and  
26 Institutions Code, to read:

1 14122.5. (a) The department shall establish the Task Force  
2 on Reimbursement for Language Services ~~to develop, based on~~  
3 ~~the availability of funding, to do the following, to the extent~~  
4 ~~feasible:~~

5 (1) *Compile interpreter models in the health care delivery*  
6 *system currently used by other states.*

7 (2) *Assess and evaluate those models, including all of the*  
8 *following:*

9 (A) *Identify and evaluate key language service delivery*  
10 *characteristics.*

11 (B) *Compile and assess best practices, and develop minimum*  
12 *interpretation and translation quality standards.*

13 (C) *Develop and evaluate oversight mechanisms on the*  
14 *delivery of language services.*

15 (3) *Develop and adopt a mechanism for seeking federal*  
16 *matching funds from the federal Centers for Medicare and*  
17 *Medicaid Services to pay for language assistance services,*  
18 *including oral interpretation services and translation of written*  
19 *materials, for the population that is limited English proficient and*  
20 *that is enrolled in the Medi-Cal program or the Healthy Families*  
21 *Program.*

22 (4) *Forward a recommended system of interpreter services*  
23 *applicable to the Medi-Cal program and the Healthy Families*  
24 *Program that allows for federal reimbursement for those*  
25 *interpreter services.*

26 (b) ~~The task force shall consist of representatives of health~~  
27 ~~care providers, including community clinics and public hospitals,~~  
28 ~~consumer groups, health care advocacy groups, and state~~  
29 ~~officials. Members of the task force shall be appointed by the~~  
30 ~~department. be chaired by a designee of the department and shall~~  
31 ~~be comprised of the following members or their designees:~~

32 (c) ~~The duties of the task force shall include compiling~~  
33 ~~interpreter models in the health care delivery system currently~~  
34 ~~used by other states, assessing those models, and developing a~~  
35 ~~recommended system of interpreter services applicable to the~~  
36 ~~Medi-Cal program and the Healthy Families Program that allows~~  
37 ~~for federal reimbursement for those interpreter services.~~

38 (1) *A minimum of three representatives from the department*  
39 *or the Office of the Patient Advocate, including at least one*  
40 *representative from each of those entities.*

1 (2) *A minimum of three representatives from community*  
2 *clinics or public hospitals, including at least one representative*  
3 *from each of those groups.*

4 (3) *A minimum of two representatives from consumer groups.*

5 (4) *A minimum of three representatives from health care*  
6 *advocacy organizations.*

7 (5) *A minimum of two health care consumers.*

8 (c) *Each member described in subdivision (b) shall be*  
9 *appointed by the department from a list of recommended*  
10 *appointees submitted by the chairperson of the Senate Committee*  
11 *on Rules and the Speaker of the Assembly.*

12 (d) *The total number of participants on the task force shall not*  
13 *exceed 15.*

14 (e) *Whenever possible, members of the task force shall have*  
15 *experience working with the limited English population.*

16 (f) *The task force shall meet at least once every two months.*

17 ~~(g)~~

18 (g) *The task force shall convene on or after January 1, 2007,*  
19 *and shall report its recommendations to the Legislature by*  
20 *submitting them to the health policy committees of the Assembly*  
21 *and Senate no later than July 1, 2009.*

22 ~~(e)~~

23 (h) *Membership on the task force shall be voluntary.*

24 ~~(f)~~

25 (i) *All costs associated with the administration of the task*  
26 *force shall be paid with funds contributed for that purpose by*  
27 *private individuals and entities.*

28 (j) *The requirements of this section shall be implemented only*  
29 *to the extent that sufficient funding is available for that purpose.*

30 (k) *This section shall remain in effect only until six months*  
31 *following the date that the report required pursuant to*  
32 *subdivision (g) is delivered to the Legislature, or until January 1,*  
33 *2010, whichever is earlier; and as of that date is repealed, unless*  
34 *a later enacted statute, that is enacted before January 1, 2010,*  
35 *deletes or extends that date.*